

File with:
Iowa Ethics and Campaign
Disclosure Board
510 C. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2010 OCT 29 AM 8:02

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT STEVE LUKAN

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

STEVEN F. LUKAN

Political Party (if applicable)

GOP

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

H032

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

1428

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

Steven F. Lukan

TELEPHONE

563-590-5213

DATE SIGNED

29 OCT 10I AM FILING A 29 OCT 10 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

5,802.86

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,950.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

11,752.86

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

11,125.00

Schedule F: Loan Repayments total (Attach Schedule F)

627.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT STEVE LUKAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
18 OCT 10	ID# CK#	BEVERLY YATES 21767 JUNIPER RD UNDERWOOD, IA 51576		\$ 50-	<input type="checkbox"/>
18 OCT 10	ID# CK#	GARY & BEVERLY REICHERTS 4221 SHADOW AVE OSAGE, IA 50461		250-	<input type="checkbox"/>
20 OCT 10	ID# CK# 23211	WAL-MART STORES POLITICAL ACTION CMTE BENTONVILLE AR 72716-0150		500-	<input type="checkbox"/>
21 OCT 10	ID# CK#	John & CHAR BRENNEMAN 1551 LARCH AVE WASHINGTON, IA 52353		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	Jerome Vittetoe 2504 QUINCE AVE WASHINGTON, IA 52353		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	DAVE & NANCY EICHELBERGER 208 WEST DEPOT WYLAND, IA 52654		25-	<input type="checkbox"/>
21 OCT 10	ID# CK# 1139	MIZWEST PAC 1636 NW 114TH ST. CLIVE, IA 50325		100-	<input type="checkbox"/>
21 OCT 10	ID# CK# 3005	IA FED ANIMAL OWNERS PAC 701 E 1ST AVE INDIANOLA, IA 50125		150-	<input type="checkbox"/>
21 OCT 10	ID# 9737 CK# 1212	IOWA HARNESS HORSEMAN'S AAC BOX 107 GRINNELL, IA 50122		150-	<input type="checkbox"/>
21 OCT 10	ID# CK#	Tim English 129-131 AVE E AVERSUELL, IA 52040		50-	<input type="checkbox"/>
SUB-TOTAL				\$ 1,350-	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Steve Lukan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
21 OCT 10	ID# CK#	SCOTT & SUSAN DESOUSA 1154 WOODLAND DR. OVERSVILLE, IA 52040		\$ 50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	PAT & JIMMY MENSEN 1429 - 310TH AVE NEW UTENNA, IA 52065		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	DAVE & BECKY LANSING 8173 SURLAGE LN WASHINGTON, IA 52078		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	ROGER & LYNNE GIBBS 1215 1 1/2 ST. SW OVERSVILLE, IA 52040		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	PETE & JANE AMENT 1388 - 6TH ST SW OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	JEFF AMENT 1388 - 6TH ST SW OVERSVILLE, IA 52040		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	Tom & Kim Tegeler 1320 - 1 1/2 ST SW OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	DAVE & DIANE SCHROEDER 141 - 13TH AVE SW OVERSVILLE, IA 52040		100-	<input type="checkbox"/>
21 OCT 10	ID# CK#	BILL & DIANE BROWN 19805 E PLEASANT GROVE RD. PROSTA, IA 52068		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	RON & MARY KELCHEN 20037 STONEBRIAR CT. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
SUB-TOTAL				\$ 475-	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT STEVE LUKAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
21 OCT 10	ID# CK#	MARK & JANET STELKEN 3345-197th ST. OVERSVILLE, IA 52040		\$ 150-	<input type="checkbox"/>
21 OCT 10	ID# CK#	Terry & Rochelle Hoeger 3207 S FLOYD RD. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	PAM & JOEL SCHWARTZ 20060 STONEBRIAR CT. OVERSVILLE, IA 52040		100-	<input type="checkbox"/>
21 OCT 10	ID# CK#	AL & DEB BRUNSMANN 1194 WOODLAND AVE. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	JESSE & KAREN STEGER 7178 SUNRISE CT. NEW VIENNA, IA 52065		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	DAN MARTIN 2508 VERSAILLES AVE NAPOVILLE, IL 60540		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	DUANE & MARY THOLE 20108 STONE BRIAR LN. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	PETE & KAREN KUESNER 80X174 NEW VIENNA, IA 52065		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	WAYNE & SANDY STELKEN 20059 STONE BRIAR CT. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	Herb & Mary Recker 20101 STONE BRIAR CT. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
SUB-TOTAL				\$625-	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)**COMMITTEE TO ELECT STEVE LUKAN**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
21 OCT 10	ID# CK#	Peter & Rebecca Smith 213 TAYLOR ST. SE CASCADE, IA 52033		\$ 75-	<input type="checkbox"/>
21 OCT 10	ID# CK#	CRAIG & KAREN KRAMER 115 8TH ST. NW OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	BARRY & LISA KLOSTERMANN 545 FAIRWAY LN. OVERSVILLE, IA 52040		100-	<input type="checkbox"/>
21 OCT 10	ID# CK#	TIM & MARY PINS 1430 9TH ST. SE. OVERSVILLE, IA 52040		50-	<input type="checkbox"/>
21 OCT 10	ID# CK#	CARL & BECKY SCHWENINGER 706 1ST AVE W. OVERSVILLE, IA 52040		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	BILL WAGNER 401 1ST AVE E. OVERSVILLE, IA 52040		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	AL & ANN GIBBS BOX 32 OVERSVILLE, IA 52040		25-	<input type="checkbox"/>
21 OCT 10	ID# CK#	BRIAN & KATHY ENGELKEN 7594 N. COLUMBUS NEW VIENNA, IA 52065		50-	<input type="checkbox"/>
21 OCT 10	ID# CK# 1018	EDUCATIONAL APP PAC BOX 12039 DES MOINES, IA 50312		1,000-	<input type="checkbox"/>
22 OCT 10	ID# CK#	TOM & JULIE KANE 11062 LAKEVIEW DR. AUBURN, IA 52003		250-	<input type="checkbox"/>
SUB-TOTAL				\$1,650-	
TOTAL (If last page of this schedule)				\$	

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Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTSCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Steve Lukyan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
22 OCT 10	ID# CK# 2804	CASEY'S PAC BOX 3001 ANKENY, IA 50021		\$ 250-	<input type="checkbox"/>
23 OCT 10	ID# 6264 CK# 1068	IOWA AUTO RECYCLERS 55 W 32nd ST. AUBURN, IA 52001		500-	<input type="checkbox"/>
23 OCT 10	ID# 6059 CK# 3594	IOWA CMTE AUTO RETAILERS 111 OFFICE PARK RD. WEST DES MOINES, IA 50265		250-	<input type="checkbox"/>
24 OCT 10	ID# CK# 1069	MUNI PAC 1735 NE 70th ST. ANKENY, IA 50021		100-	<input type="checkbox"/>
25 OCT 10	ID# 6405 CK# 1067	KIRKUSE GENTLE CORP PAC 6400 WESTOWN PARKWAY WEST DES MOINES, IA 50266		250-	<input type="checkbox"/>
26 OCT 10	ID# CK#	Bill & Nicki Arnold 2937 wilderness DR. AUBURN, IA 52001		500-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,850-

TOTAL (if last page of this schedule)

\$5,950-

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT STEVE LUKAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
18 OCT 10	ID# CK# 751	HOUSE MAJORITY FUNA		\$5,500 -
20 OCT 10	ID# CK# 752	STONE CLIFF WINEARY	WINE FOR FUNA EVENT	125 -
22 OCT 10	ID# CK# 753	HOUSE MAJORITY FUNA		4,000 -
23 OCT 10	ID# CK# 754	HOUSE MAJORITY FUNA		1,500
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$11,125
TOTAL (if last page of this schedule)				\$11,125

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT STEVE LUKAN

Reset Form

SCHEDULE E (Rev. 05/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
21 OCT 10	NFIB /SAFE TRUST	N/A	VOTER GUIDES	\$ 6.19	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule) \$

6.19

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 Page 1 of 1
(for Schedule E)